Entered - 5-27-99- sb CL 99L0337 - ALEXIS HOLMES

01-R -1362

CLAIM OF: MABLE BROWN

3627 Forest Park Road

Apartment #2

Atlanta, Georgia 30354

For alleged damages sustained as a result of tripping and falling on cracked sidewalk on April 2, 1999 at Peachtree and Tenth Streets.

THIS ADVERSED REPORT IS APPROVED

ROSALIND RUBENS NEWELL

DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 99L0337	Date: <u>8/8/01</u>				
Claimant /Victim MABLE L. BROWN					
BY: (Atty) Address: 3627 Forest Park Road Apartment 7 Subrogation: Claim for Property damage \$	10. 4.1				
Subrecetion: Claim for Property down of the	#2 Atlanta, Georgia 30354				
Date of Notice: 5/26/00 Method: Write	Bodily Injury \$ 150,000.00 tten, proper X Improper Ante Litem (6 Mo.) X				
Conforms to Notice: O.C.G. A. 826.22.5	men, proper X Improper				
Date of Occurrence 4/2/00 Place Page	htree and Tenth Streets				
Department Public Works	Division Street Operations				
Employee involved	Division: Street Operations Disciplinary Action:				
Employee involved	Disciplinary Action.				
NATURE OF CLAIM: The claimant alleges that she sustained damages when she tripped and fell on badly cracked sidewalk. However, the claimant has filed a lawsuit in the State Court of Fulton County to resolve the issues raised in her claim.					
INVESTIGATION:					
Statements: City employee Claimant	Other X Written X Oral				
Pictures Diagrams Reports: Police	Dept Report Other				
Traffic citations issued: City Driver	Dept Report Other Claimant Driver				
Citation disposition: City Driver	Claimant Driver				
BASIS OF RECOMMENDATION:					
Function: Governmental	Ministerial X Other X Damages reasonable				
Improper Notice More than Six Months	Other X Damages reasonable				
City not involved Offer reject	ed Compromise settlement				
Repair/replacement by Ins. Co.	Repair/replacement by City Forces				
Claimant Negligent City Negligent	Repair/replacement by City Forces Joint Claim Abandoned				
Respectfully submitted,					
Olefis Holmes INVESTIGATOR - ALEXIS HOLMES					
RECOMMENDATION:					
Pay \$ Adverse X /Account	t charged: 1A01 2J01 2H01				
Claims Manager: ////www lux w	Concur/date 08/40/				
Committee Action:	Council Action				
/					
FORM 23-61					

Jordan 05/26/99

COUNCIL OF THE CITY OF ATLANTA MUNICIPAL CLERK

City Hall 55 Trinity Avenue, S.W. Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

Today's Date: 5-17-99

ENTERED -5-27-99 - SB99L0337 - DOBBS JORDAN

Dear Municipal Clerk:

, ,				
This is and/o	s to notify the City of Atlanta that l r \$ אַזְרְ אַזְאַן אַרְאָרָ bodily injur	have suffered d y for which I con	amages in the amount s tend the City is liable.	um of \$ NOT - AV AL AL property
1 Da	tentimidant 4-2-90	2 Time.	06 Taridant 1'30 0 00	2 Palice cells 4
i. Da	te of incident: 4-2-99 (month/day/yea	ir)	or industric 1:30 1:100	3. Police caused: Yes No
	cation of incident (including street address	. ^ ~ ~	of Donaldon	ALL WENCE T
5. Na	ume of your insurance company: MOT	emen Com	PENSALION	Policy No.
ń. Sta	ate what and how incident occurred:			
	5	ice ATT	TACH MENT	
_				
7 A	II ESTIMATES AND DAMACES A	DE CUDICATA	O INCRECTION THEM	AIGNO OF TAXON OF AN ADVINE
'. R	LL ESTIMATES AND DAMAGES A ESULT IN YOUR CLAIM BEING D	ENIED AND MA	AY RESULT IN CRIMIN.	AKING OF FALSE CLAIMS WILL AL PROSECUTION!
я. П	he registered owner must make t	the claim for ve	ehicle damages, comple	te the following and attach two (2)
62	stimates of repair and proof of owne	ership of your ve	hicle (copy of the current	tag receipt or title).
Y	ourvehide:			
	(Make)	(Year)	(Tag Number)	(Driver's Name)
Ċ	lity vehicle:			
	ity vehicle:(Make)	(City Drive	er's Name)	(Department/Bu reau)
0 1	Vitness:			
. •	(Name)		(Address)	(Telephone Number)
100 I	The acknowledgement of this claim	in no way waive	es the Sovereign immunit	y of the City of Atlanta, as granted by
5	State law, nor is it an admission of I	iability on behal	If of the City of Atlanta a	ind/or its employee(s).
11. 7	This claim should be mailed immedi	iately to the add	ress shown above.	
!	HEREBY SWEAR OR AFFIRM TH	VL THE 7BOVE	MARIE	Brawn
	NFORMATION IS TRUE AND CO			Print Clamaint's Name)
	Mable Brown		3627 Fore	J Pack Rd #2
,	Signature of Claimant			Address
			Atlantia	GA. 30354
				(City State and Zip Code)
	01- ${\mathcal L}$ -1362		404-817-60	110 404-361-2978
			(Work N	

R-1362